



Date: February 8, 2021	SUBMIT THIS SHEET IN TO THE OFFICE AFTER YOUR MEETING!!!	
Project Number#	Job Name:	Person Conducting Meeting:

Jobsite POSTERS

This week we will be receiving two new jobsite posters that we need to review.

01) A wall posters with current medical clinics information (as per the poster in this year's RTK)

02) OSHA 300A form. This form explains the number of "recordable" injuries we had in 2020.

The back side of this poster includes our OSHA 300A from 2019, to compare how we are doing.

As you can see in 2020, we worked 1741 less hours than 2019, had 2 mores injuries and that our injured workers had an additional 64 days of restricted duties (Light Duty Days)

Last week's Bonus Question:

What issues were mentioned on the completed self inspection form?

Answer:

Answers varied as per jobsite: Slippery walkways needed sand, Electrical cords over bottom track, other trades debris in our way, other trades not wearing their masks, etc.

Inspect your equipment (*scaffold, aerial lifts, ladders, fall protection, electrical cords, etc., etc..*) prior to the start of each work shift.

For inspection packets, repair tags or **SAND** call Dave Sangren @ (612) 644-3136 to have some delivered to your jobsite.

Please call Dave if your jobsite is in need of COVID supplies: hand sanitizer, bleach cleaner, masks, etc.

Any questions give Sturg a call (612) 221-8603

PLEASE PRINT YOUR NAME

(Foreman review sheet, verify crew members names are legible)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Visit our website: www.olympiccompanies.com

Comments:

As of February 4, 2021 we have worked 26 days without a Lost Time Injury.

We have safely worked 34,101 hours towards our new ATV goal of 150,000 hours!

Toolbox Talks winner for last week: **Oscar Santiago, David Vizcarra & Nate Taylor @ 270 Hennepin & Jose Sanchez-Reyes @ The Larking**

This week's Bonus Question:

On this jobsite, how many Oly employees have turned in their 2021 Safety Training paperwork?

Hint: **See Foreman**

"Building a Safer Place to Work" one week at a time.

Injured at work?

Minnesota Occupational Health

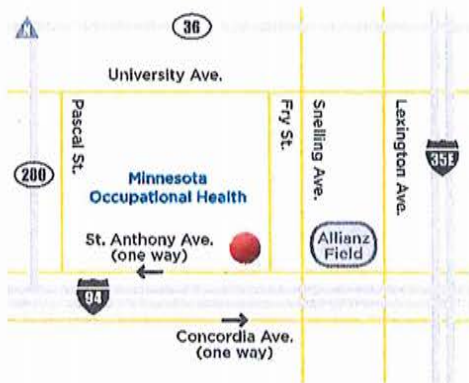
Monday – Friday 7:30 a.m. – 4 p.m. (651) 968-5300



SHAKOPEE LOCATION | 4360 12th Ave. E.
Shakopee, MN 55379



BLAINE LOCATION | 10230 Baltimore St.
#300
Blaine, MN 55449



ST. PAUL LOCATION | 1661 St. Anthony Ave.
2nd Floor
St. Paul, MN 55104



EAGAN LOCATION | 1400 Corporate Center Curve
Suite 200
Eagan, MN 55121

Minnesota Occupational Health understands the importance of delivering timely, high-quality care for work-related injuries. Walk-in access during normal clinic hours.

We commonly treat non-limb and non-life threatening:

- Joint sprains & muscle strains, fractures and dislocations
- Cuts & lacerations and other wounds requiring cleaning and possible closure
- Eye injuries including dust, wood and metal particles
- Non-life-threatening Burns (chemical & thermal)

OSHA's Form 300A

Summary of Work-Related Injuries and Illnesses

Year **2020**

U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	4	5

Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	206

Injury and Illness Types

Total number of... (M)	(1) Injury	(2) Skin Disorder	(3) Respiratory Condition	(4) Poisoning	(5) Hearing Loss	(6) All Other Illnesses
	8	1	0	0	0	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Establishment information

Your establishment name Olympic Companies, Inc.

Street 2823 Hedberg Drive

City Minnetonka State Minnesota Zip 55305

Industry description (e.g., Manufacture of motor truck trailers) Commercial Drywall / Plaster

Standard Industrial Classification (SIC), if known (e.g., SIC 3715) 1 7 4 2

OR North American Industrial Classification (NAICS), if known (e.g., 336212) 2 3 8 3 1 0

Employment information

Annual average number of employees 226

Total hours worked by all employees last year 451,642

Sign here

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.



 Company executive

Corporate Safety Director
 Title

_____ January 11, 2021
 Date

_____ (612) 221-8603
 Phone

OSHA's Form 300A
Summary of Work-Related Injuries and Illnesses

U. S. Department of Labor
 Occupational Safety and Health Administration

Year 2019

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illness occurred during the year. Remember to review the log to verify that the entries are complete and accurate before completing this summary. Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule for further details on the access provisions for these forms.

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restrictions	Total number of "other" recordable cases
0	0	3	4
(G)	(H)	(I)	(J)


Total number of days away from work	Total number of days of job transfer or restriction
0	142
(K)	(L)

Total number of ... Employees, former employees, and their representatives have the right to review the OSHA Form (M)

(1) Injuries	7	(4) Poisonings	0
(2) Skin disorders	0	(5) All other illnesses	0
(3) Respiratory conditions	0		

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

GPC-Form 300A

Establishment Information	
Establishment:	Olympic Companies, Inc.
Street	2823 Hedberg Drive
City	Minnetonka
State	MN
Zip	55305
Industry description:	Commercial Drywall/Plaster
Standard Industrial Classification: (SIC Code)	1742
Employment Information	
Annual average number of employees	218
Total hours worked by all employees last year	453,383
I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.	
 _____ Company Executive	
_____ Corporate Safety Director Title	
(952) 546-8166 Phone	
_____ January 17, 2020 Date	